

Section 1: Health Status

1.1. Would you say that in general your health is: (72)

Please Read

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 or
- 5 Poor

Do not read

- 7 Don't know/Not sure
- 9 Refused

Section 2: Health Care Access

- 2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (73)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

- 2.2. Do you have one person you think of as your personal doctor or health care provider? (74)

If "no," ask	1	Yes, only one
"Is there <u>more</u>	2	More than one
<u>than one</u> or is	3	No
there <u>no</u> person	7	Don't know/Not sure
who you think of?"	9	Refused

- 2.3 When you are sick or need advice about your health, to which one of the following places do you usually go? (75)

Would you say: **[Please read]**

1	A doctor's office
2	A public health clinic or community health center
3	A hospital outpatient department
4	A hospital emergency room
5	Urgent care center
6	Some other kind of place
8	No usual place

Do not read.

7	Don't know
9	Refused

- 2.4. Was there a time in the past 12 months when you needed medical care, but could not get it? (76)

1	Yes Go to 2.5
2	No Go to next section
7	Don't know Go to next section
9	Refused Go to next section

2.5. What is the main reason you did not get medical care?

(77-78)

Note: if more than one instance ask about the most recent.

Would you say: Please read

- 01 Cost [**Include no insurance**]
- 02 Distance
- 03 Office wasn't open when I could get there.
- 04 Too long a wait for an appointment
- 05 Too long a wait in waiting room
- 06 No child care
- 07 No transportation
- 08 No access for people with disabilities
- 09 The medical provider didn't speak my language.
- 10 Other

Do not read.

- 77 Don't know/ Not sure
- 99 Refused

Section 3: Exercise

3.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (79)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 4: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

4.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (80-82)

- 1 ___ Per day
- 2 ___ Per week
- 3 ___ Per month
- 4 ___ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

4.2. Not counting juice, how often do you eat fruit? (83-85)

- 1 ___ Per day
- 2 ___ Per week
- 3 ___ Per month
- 4 ___ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

4.3. How often do you eat green salad? (86-88)

- 1 ___ Per day
- 2 ___ Per week
- 3 ___ Per month
- 4 ___ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

4.4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (89-91)

- 1 ___ Per day
- 2 ___ Per week
- 3 ___ Per month
- 4 ___ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

4.5. How often do you eat carrots? (92-94)

- 1 ___ Per day
- 2 ___ Per week
- 3 ___ Per month
- 4 ___ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

4.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

Example: 1 ___ Per day (95-97)
A serving of 2 ___ Per week
vegetables at 3 ___ Per month
both lunch 4 ___ Per year
and dinner 5 5 5 Never
would be two 7 7 7 Don't know/Not sure
servings 9 9 9 Refused

Section 5: Asthma

5.1. Have you ever been told by a doctor, nurse or other health professional that you had asthma? (98)

- 1 Yes
- 2 No **Go to Q6.1**
- 7 Don't know/Not sure **Go to Q6.1**
- 9 Refused **Go to Q6.1**

5.2. Do you still have asthma? (99)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 6: Diabetes

6.1. Have you ever been told by a doctor that you have diabetes? (100)

If "Yes" and female, ask "Was this only when you were pregnant	1	Yes
	2	Yes, but female told only during pregnancy
	3	No
	7	Don't know/Not sure
	9	Refused

Section 7: Oral Health

7.1. How long has it been since you last visited a dentist or a dental clinic for any reason? (101)

Read Only if Necessary

Include visits to dental specialists, such as orthodontists	1	Within the past year (anytime less than 12 months ago)
	2	Within the past 2 years (1 year but less than 2 years ago)
	3	Within the past 5 years (2 years but less than 5 years ago)
	4	5 or more years ago
	7	Don't know/Not sure
	8	Never
	9	Refused

7.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (102)

Include teeth lost due to "infection"	1	1 to 5
	2	6 or more but not all
	3	All
	8	None
	7	Don't know/Not sure
	9	Refused

IF Q7.1 = 8/NEVER OR Q7.2 = 3/ALL, SKIP TO NEXT SECTION

7.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (103)

Read Only if Necessary

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 5 years (2 years but less than 5 years ago)
4	5 or more years ago
7	Don't know/Not sure
8	Never
9	Refused

Section 8: Immunization

8.1. During the past 12 months, have you had a flu shot? (104)

- 1 Yes
- 2 No **Go to Q8.3**
- 7 Don't know/Not sure **Go to Q8.3**
- 9 Refused **Go to Q8.3**

8.2. At what kind of place did you get your last flu shot? (105-106)

[READ ONLY IF NECESSARY]

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center
[Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store **[Examples: supermarket, drug store]**
- 06 A hospital or emergency room
- 07 Workplace
or
- 08 Some other kind of place
- 77 Don't know
- 99 Refused

8.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (107)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 9: Tobacco Use

9.1. Have you smoked at least 100 cigarettes in your entire life? (108)

- 5 packs
= 100
cigarettes**
- 1 Yes
 - 2 No **Go to Q10.1**
 - 7 Don't know/Not sure **Go to Q10.1**
 - 9 Refused **Go to Q10.1**

9.2. Do you now smoke cigarettes every day, some days, or not at all? (109)

- 1 Every day
- 2 Some days
- 3 Not at all **Go to Q10.1**
- 9 Refused **Go to Q10.1**

9.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (110)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 10: Alcohol Consumption

- 10.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least 1 drink of any alcoholic beverage? (111-113)

1 __ __ Days per week
 2 __ __ Days in past 30
 8 8 8 No drinks in past 30 days **Go to Q11.1**
 7 7 7 Don't know/Not sure
 9 9 9 Refused **Go to 11.1**

- 10.2. On the days when you drank, about how many drinks did you drink on the average? (114-115)

__ __ Number of drinks
 7 7 Don't know/Not sure
 9 9 Refused

- 10.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (116-117)

__ __ Number of times
 8 8 None
 7 7 Don't know/Not sure
 9 9 Refused

- 10.4. During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (118-119)

__ __ Number of times
 88 None
 77 Don't know/Not sure
 99 Refused

Section 11: Use of Seatbelts

11.1 How often do you use seatbelts when you drive or ride in a car?

(120)

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read

- 7 Don't know/Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 12: Demographics

12.1. What is your age? (121-122)

- __ __ Code age in years
- 0 7 Don't know/Not sure
- 0 9 Refused

12.2. Are you Hispanic or Latino? (123)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

12.3. Which one or more of the following would you say is your race? (124-129)

Please Read

Mark all
that apply

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- or
- 6 Other [specify] _____
- 8 No additional choices
- 7 Don't know/Not sure
- 9 Refused

Do not read

If more than one response to Q12.3, continue. Otherwise, go to Q12.5

12.4. Which one of these groups would you say best represents your race? (130)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other [specify] _____
- 7 Don't know/Not sure
- 9 Refused

12.5. Are you: (131)

Please Read

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- or
- 6 A member of an unmarried couple
- 9 Refused

Do not read

12.6. How many children less than 18 years of age live in your household ? (132-133)

- ___ ___ Number of children
- 8 8 None
 - 9 9 Refused

12.7. What is the highest grade or year of school you completed? (134)

Read Only if Necessary

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

12.8. Are you currently: (135)

Please Read

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- or
- 8 Unable to work
- 9 Refused

Do not read

12.9. Is your annual household income from all sources: (136-137)

Read as Appropriate

If respondent refuses at any income level, code refused	04	Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000)
	03	Less than \$20,000 If "no," code 04; if "yes," ask 02 (\$15,000 to less than \$20,000)
	02	Less than \$15,000 If "no," code 03; if "yes," ask 01 (\$10,000 to less than \$15,000)
	01	Less than \$10,000 If "no," code 02
	05	Less than \$35,000 If "no," ask 06 (\$25,000 to less than \$35,000)
	06	Less than \$50,000 If "no," ask 07 (\$35,000 to less than \$50,000)
	07	Less than \$75,000 If "no," code 08 (\$50,000 to less than \$75,000)
	08	\$75,000 or more
	Do not read	77
99		Refused

12.10. About how much do you weigh without shoes? (138-140)

**Round
fractions up**

___ ___ ___ Weight
pounds
7 7 7 Don't know/Not sure
9 9 9 Refused

12.11. About how tall are you without shoes? (141-143)

**Round
fractions
down**

___/___ ___ Height
ft/inches
7 7 7 Don't know/Not sure
9 9 9 Refused

12.12. What county do you live in? (144-146)

___ ___ ___ FIPS county code
7 7 7 Don't know/Not sure
9 9 9 Refused

12.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (147)

1 Yes
2 No **Go to Q12.15**
7 Don't know/Not sure **Go to Q12.15**
9 Refused **Go to Q12.15**

12.14. How many of these are residential numbers? (148)

- ___ Residential telephone numbers [6=6 or more]
- 7 Don't know/Not sure
- 9 Refused

12.15. Indicate sex of respondent. **Ask only if necessary** (149)

- 1 Male **Go to Q13.1**
- 2 Female

If respondent 45 years old or older, go to Q13.1.
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(150)

12.16. To your knowledge, are you now pregnant?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 13: Family Planning

If respondent is female and 45 years of age or older, or pregnant , or male 60 years or older, go to next section.

Questions are asked of females 18-44 years of age and males 18-59 years of age

The next few questions ask about pregnancy and ways to prevent pregnancy.

13.1. Are you or your [if female, insert husband/partner; if male, insert wife/partner] doing anything now to keep [if female, insert “you”; insert “her” if male] from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

(If multiple partners, consider usual method.)

(151)

- 1 Yes
- 2 No **Go to Q13.4**
- 3 No partner/not sexually active **Go to 14.1**
- 4 Same sex partner **Go to 14.1**
- 7 Don't know/Not sure **Go to 14.1**
- 9 Refused **Go to 14.1**

13.2. What are you or your [if female, insert husband/partner; if male, insert wife/partner] doing now to keep [if female, insert “you”; insert “her” if male] from getting pregnant? (152-153)

(INTERVIEWER: Record respondent's condition if both have had sterilization procedures)

Read Only if Necessary

- 01 Tubes tied (sterilization) **Go to 14.1**
- 02 Vasectomy (sterilization) **Go to 14.1**
- 03 Pill
- 04 Condoms
- 05 Foam, jelly, cream
- 06 Diaphragm
- 07 Norplant
- 08 IUD
- 09 Shots (Depo-Provera)
- 10 Withdrawal
- 11 Not having sex at certain times (rhythm)
- 12 No partner/Not sexually active **Go to 14.1**
- 13 Other method(s)
- 77 Don't know/not sure **Go to 14.1**
- 99 Refused **Go to 14.1**

13.3. What other method are you also using to prevent pregnancy? (154-155)

Read only if necessary

- 01 Tubes tied (sterilization) **Go to 14.1**
- 02 Vasectomy (sterilization) **Go to 14.1**
- 03 Pill **Go to 14.1**
- 04 Condoms **Go to 14.1**
- 05 Foam, jelly, cream **Go to 14.1**
- 06 Diaphragm **Go to 14.1**
- 07 Norplant **Go to 14.1**
- 08 IUD **Go to 14.1**
- 09 Shots (Depo-Provera) **Go to 14.1**
- 10 Withdrawal **Go to 14.1**
- 11 Not having sex at certain times (rhythm) **Go to 14.1**
- 12 No partner/Not sexually active **Go to 14.1**
- 13 Other methods(s) **Go to 14.1**

- 87 **NO** other method(s) **Go to 14.1**

- 77 Don't know/not sure **Go to 14.1**
- 99 Refused **Go to 14.1**

Go to next section

13.4. [FEMALES] What is your main reason for not doing anything to keep you from getting pregnant?
 [MALES] What is your main reason for not doing anything to keep your partner from getting pregnant? (156-157)

Read Only if Necessary

- 01 Not sexually active/no partner
- 02 Didn't think was going to have sex/no regular partner
- 03 You want a pregnancy
- 04 You or your partner don't want to use birth control
- 05 You or your partner don't like birth control/fear side effects
- 06 You can't pay for birth control
- 07 Lapse in use of a method
- 08 Don't think you or your partner can get pregnant
- 09 You or your partner had tubes tied (sterilization)
- 10 You or your partner had a vasectomy (sterilization)
- 11 You or your partner had a hysterectomy
- 12 You or your partner are too old
- 13 You or your partner are currently breast-feeding
- 14 You or your partner just had a baby/postpartum
- 15 Other reason
- 16 Don't care if get pregnant
- 18 Partner is pregnant now

- 77 Don't know/not sure
- 99 Refused

If respondent is male, go to next section.

Section 14: Women's Health

14.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

(158)

- 1 Yes
- 2 No Go to Q14.3
- 7 Don't know/Not sure Go to Q14.3
- 9 Refused Go to Q14.3

14.2. How long has it been since you had your last mammogram? (159)

Read only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

14.3. A clinical breast exam is when a doctor, nurse or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (160)

- 1 Yes
- 2 No Go to Q14.5
- 7 Don't know/Not sure Go to Q14.5
- 9 Refused Go to Q14.5

14.4. How long has it been since your last breast exam? (161)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

14.5. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (162)

- 1 Yes
- 2 No Go to Q14.7
- 7 Don't know/Not sure Go to Q14.7
- 9 Refused Go to Q14.7

14.6. How long has it been since you had your last Pap smear?

(163)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

If response to Q 13.4 is 11 (had hysterectomy) or Q 12.16 is 1 (is pregnant) then go to next section.
(164)

14.7. Have you had a hysterectomy?

- 1 Yes

A hysterectomy is an operation to remove the uterus (womb)

- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 15: Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to Q16.1

15.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer.
Have you ever had a PSA test? (165)

- 1 Yes
- 2 No **Go to Q15.3**
- 7 Don't Know/not Sure **Go to Q15.3**
- 9 Refused **Go to Q15.3**

15.2. How long has it been since you had your last PSA test? (166)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago
- 7 Don't know
- 9 Refused

15.3. A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (167)

- 1 Yes
- 2 No **Go to Q15.5**
- 7 Don't know/Not sure **Go to Q15.5**
- 9 Refused **Go to Q15.5**

15.4. How long has it been since your last digital rectal exam? (168)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

15.5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer? (169)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 16: Colorectal Cancer Screening

If respondent 49 years old or younger, go to Q17.1

16.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (170)

- 1 Yes
- 2 No **Go to Q16.3**
- 7 Don't know/Not sure **Go to Q16.3**
- 9 Refused **Go to Q16.3**

16.2. How long has it been since you had your last blood stool test using a home kit? (171)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

16.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (172)

- 1 Yes
- 2 No **Go to 17.1**
- 7 Don't know/Not sure **Go to 17.1**
- 9 Refused **Go to 17.1**

16.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (173)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know/Not sure
- 9 Refused

Section 17: HIV/AIDS

If respondent is 65 years old or older, go to next section

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

17.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (174)

- 1 True
- 2 False
- 7 Don't know/Not Sure
- 9 Refused

17.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

- 1 True
- 2 False
- 7 Don't know/Not Sure
- 9 Refused

17.3. How important do you think it is for people to know their HIV status by getting tested? (176)

Would you say:

Please Read

- 1 Very important
- 2 Somewhat important
- or
- 3 Not at all important
- 7 Don't know/Not sure

Do not read

9 Refused

17.4. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

Include saliva tests	1	Yes
	2	No Go to Q17.8
	7	Don't know/Not sure Go to Q17.8
	9	Refused Go to Q17.8

17.5. Not including blood donations, in what month and year was your last HIV test? (178-183)
interviewer note: If response is before January 1985 code "don't know".

Include saliva tests	__ __ / __ __ __	Code month and year
	7 7 7 7 7 7	Don't know/Not sure
	9 9 9 9 9 9	Refused

17.6. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which o

Please Read

__ __ Reason code

01	It was required
02	Someone suggested you should be tested
03	You thought you may have gotten HIV through sex or drug use
04	You just wanted to find out whether you had HIV
05	You were worried that you could give HIV to someone
06	IF FEMALE: You were pregnant
07	It was done as part of a routine medical check-up
08	Or you were tested for some other reason

Do not read	7 7	Don't Know/Not Sure
	9 9	Refused

- 17.7. Where did you have your last HIV test—at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else? (186-187)

—	—	Facility code
01		Private doctor or HMO
02		Counseling and testing site
03		Hospital
04		Clinic
05		In a jail or prison (or other correctional facility)
06		Home
07		Somewhere else

Do not read

7 7	Don't Know/Not Sure
9 9	Refused

- 17.8 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me wh

You have used intravenous drugs in the past year
 You have been treated for a sexually transmitted or venereal disease in the past year
 You have given or received money or drugs in exchange for sex in the past year
 You had anal sex without a condom in the past year

Do any of these situations apply to you?

1	Yes
2	No
7	Don't Know/Not Sure
9	Refused

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

- 17.9. In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use? (189)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

Section 18: Firearms

The next three questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries.

Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

18.1. Are any firearms kept in or around your home? (190)

- 1 Yes
- 2 No Go closing statement
- 7 Don't know/Not sure Go to closing statement
- 9 Refused Go to closing statement

18.2. Are any of these firearms now loaded? (191)

- 1 Yes
- 2 No **Go to closing statement**
- 7 Don't know/Not sure Go to closing statement
- 9 Refused Go to closing statement

18.3 Are any of these loaded firearms also unlocked? By "unlocked" we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (192)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

OR

Transition to Modules and/or State-added Questions

Module 1: Diabetes

To be asked following core Q6.1 if response is "yes"

1. How old were you when you were told you have diabetes? (193-194)

— —	Code age in years [97 = 97 and older]
9 8	Don't know/Not sure
9 9	Refused

2. Are you now taking insulin? (195)

1	Yes
2	No
9	Refused

3. Are you now taking diabetes pills? (196)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (197-199)

1 — —	Times per day
2 — —	Times per week
3 — —	Times per month
4 — —	Times per year
8 8 8	Never
7 7 7	Don't know/Not sure
9 9 9	Refused

5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (200-202)

1 — —	Times per day
2 — —	Times per week
3 — —	Times per month
4 — —	Times per year
8 8 8	Never
5 5 5	No feet
7 7 7	Don't know/Not sure
9 9 9	Refused

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (203)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (204-205)

—	—	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know/Not sure
9	9	Refused

8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (206-207)

—	—	Number of times [76 = 76 or more]
8	8	None
9	8	Never heard of hemoglobin "A one C" test
7	7	Don't know/Not sure
9	9	Refused

If "no feet" to Q5, go to Q10

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (208-209)

—	—	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know/Not sure
9	9	Refused

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (210)

Read Only if Necessary

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never
- 7 Don't know/Not sure
- 9 Refused

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (211)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

12. Have you ever taken a course or class in how to manage your diabetes yourself? (212)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Module 2: Hypertension Awareness

4.1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- 1 Yes
- 2 No **Go to Module 4 Q.1**
- 7 Don't know/Not sure **Go to Module 4 Q.1**
- 9 Refused **Go to Module 4 Q.1**

Module 3: Cholesterol Awareness

1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- 1 Yes
- 2 No **Go to Q6.1**
- 7 Don't know/Not sure **Go to Q6.1**
- 9 Refused **Go to Q6.1**

2. About how long has it been since you last had your blood cholesterol checked?

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Module 5: Healthy Days - Health-Related Quality of Life

Earlier, I asked you to rate your general health as excellent, very good, good, fair, or poor.

1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (231-232)

— —	Number of days
8 8	None
7 7	Don't know/Not sure
9 9	Refused

2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (233-234)

— —	Number of days
8 8	None If Q1 also "None", skip to next module
7 7	Don't know/Not sure
9 9	Refused

3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (235-236)

— —	Number of days
8 8	None
7 7	Don't know/Not sure
9 9	Refused

Module 9: Childhood Asthma
If "no children" to core Q12.6, go to next module

1. Earlier you said there were **[fill in number from core Q12.6]** children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma? (275-276)

__ __	Number of children
8 8	None Go to Next Module
7 7	Don't know Go to Next Module
9 9	Refused Go to Next Module

2. **[Fill in (Does this child/How many of these children) from Q1]** still have asthma? (277-278)

__ __	Number of children
8 8	None
7 7	Don't know
9 9	Refused

**If only one child from Q1
and response is "yes" to Q2
code "01". If response is
"no" code "88".**

Module 10: Heart Attack and Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

1. Which of the following do you think is a symptom of a heart attack. For each, tell me yes, no, or you're not sure.

a. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

b. Do you think feelings weak, lightheaded, or faint are symptoms of a heart attack?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

c. Do you think chest pain or discomfort is symptoms of a heart attack?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

d. Do you think sudden trouble seeing in one or both eyes is a symptom of a heart attack?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

e. Do you think pain or discomfort in the arms or shoulder are symptoms of a heart attack?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

f. Do you think shortness of breath is a symptom of a heart attack?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

2. Which of the following do you think is a symptom of a stroke. For each, tell me yes, no, or you're not sure.

a. Do you think sudden confusion or trouble speaking are symptoms of a stroke?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

b. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

c. Do you think sudden trouble seeing in one or both eyes is a symptom of a stroke?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

d. Do you think sudden chest pain or discomfort is symptom of a stroke?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

e. Do you think sudden trouble walking, dizziness, or loss of balance are symptoms of a stroke?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

f. Do you think severe headache with no known cause is a symptom of a stroke?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

3. If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

Please Read

- | | | |
|------------------------|----|--------------------------------------|
| | 1 | Take them to the hospital |
| | 2 | Tell them to call their doctor |
| | 3 | Call 911 |
| | 4 | Call their spouse or a family member |
| | or | |
| | 5 | Do something else |
| Do not read | 7 | Don't know/Not sure |
| these responses | 9 | Refused |

Module 11: Cardiovascular Disease

1. To lower your risk of developing heart disease or stroke, are you....

a. Eating fewer high fat or high cholesterol foods?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

b. Eating more fruits and vegetables?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

c. More physically active?

- | | |
|----|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |
| 10 | |

2. Within the past 12 months, has a doctor, nurse, or other health professional told you to...

a. Eat fewer high fat or high cholesterol foods?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

b. Eat more fruits and vegetables?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

c. Be more physically active?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

3. Has a doctor, nurse, or other health professional ever told you that you had any of the following?

a. A heart attack, also called a myocardial infarction

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

b. Angina or coronary heart disease

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

c. A stroke

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

If "yes" to Q3a continue. Otherwise, go to Q 5.

4. At what age did you have your first heart attack?

- | | |
|---------------------|---------------------|
| <u> </u> <u> </u> | Code age in years |
| 0 7 | Don't know/Not sure |
| 0 9 | Refused |

If "yes" to Q3c, continue. Otherwise, go to Q6.

5. At what age did you have your first stroke?

- | | |
|---------------------|---------------------|
| <u> </u> <u> </u> | Code age in years |
| 0 7 | Don't know/Not sure |
| 0 9 | Refused |

If yes to question 3a or 3c, continue, Otherwise, go to Q7.6. After you left the hospital following your [fill in (heart attack) if "yes" to Q3a or to Q3a and Q3c; fill in (stroke) if "yes" to Q3c and "no" to Q3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

7. Do you take aspirin daily or every other day?

- | | |
|---|---------------------|
| 1 | Yes Go to Q9 |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

8. Do you have a health problem or condition that makes taking aspirin unsafe for you?

- | | | |
|---|---|---|
| If "yes," ask "Is this a stomach condition?" Code upset stomachs as stomach problems | 1 | Yes, not stomach related Go to Next Module |
| | 2 | Yes, stomach problems Go to Next Module |
| | 3 | No Go to Next Module |
| | 7 | Don't know/Not sure Go to Next Module |
| | 9 | Refused Go to Next Module |

9. Why do you take aspirin...

a. To relieve pain

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

If respondent is aged 35 years or older continue with Q7, otherwise go to next module.

b. To reduce the chance of a heart attack?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

c. To reduce the chance of a stroke?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

Module 16: Arthritis Module

1. The next questions refer to your joints. Please do **NOT** include the back or neck. **DURING THE PAST 30 DAYS**, have you had any symptoms of pain, aching, or stiffness in or around a joint? (346)

1	Yes	
2	No	Go to Q4
7	Don't Know/Not Sure	Go to Q4
9	Refused	Go to Q4

2. Did your joint symptoms **FIRST** begin more than 3 months ago? (347)

1	Yes
2	No
7	Don't Know/Not Sure
9	Refused

3. Have you ever seen a doctor or other health professional for these joint symptoms? (348)

1	Yes
2	No
7	Don't Know/Not Sure
9	Refused

4. Have you **EVER** been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (349)

1	Yes
2	No
7	Don't Know/Not Sure
9	Refused

Interviewer note: Arthritis diagnoses include

- * rheumatism, polymyalgia rheumatica
- * osteoarthritis (not osteoporosis)
- * tendonitis, bursitis, bunion, tennis elbow
- * carpal tunnel syndrome, tarsal tunnel syndrome
- * joint infection, Reiter's syndrome
- * ankylosing spondylitis; spondylosis
- * rotator cuff syndrome
- * connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- * vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

IF EITHER Q1 = 1 OR Q4 = 1 THEN CONTINUE. OTHERWISE, GO TO NEXT SECTION.

5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?
(350)

1 Yes
2 No
7 Don't Know/Not Sure
9 Refused

Note: If a respondent question arises about medication, then the interviewer *should reply*: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

If age is between 18-64 continue, otherwise go to next section.
--

6. In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?
(351)

1 Yes
2 No
7 Don't Know/Not Sure
9 Refused

Module 4: Physical Activity

The next few questions are about physical activity.

If "employed" or "self-employed" to core Q12.8, continue. Otherwise go to Q2.

1. When you are at work, which of the following best describes what you do? (218)

Would you say: **Please Read**

**If respondent has
multiple jobs,
include all jobs**

- 1 Mostly sitting or standing
- 2 Mostly walking
- or
- 3 Mostly heavy labor or physically demanding work

Do not read

- 7 Don't know/Not sure
- 9 Refused

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

2. Now, thinking about the moderate physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q12.8]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate? (219)

- 1 Yes
- 2 No **Go to Q5**
- 7 Don't know/Not sure **Go to Q5**
- 9 Refused **Go to Q5**

3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (220-221)

- — Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time **Go to Q5**
- 7 7 Don't know/Not sure
- 9 9 Refused

4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (222-224)

__:__ Hours and minutes per day
 7 7 7 Don't know/Not sure
 9 9 9 Refused

5. Now thinking about the vigorous physical activities you do [fill in (when you are not working) if "employed" or "self-employed" to core Q12.8] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (225)

1 Yes
 2 No **Go to next module**
 7 Don't know/Not sure **Go to next module**
 9 Refused **Go to next module**

6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

__ Days per week
 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **Go to next module**
 7 7 Don't know/Not sure **Go to next module**
 9 9 Refused **Go to next module**

7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (228-230)

__:__ Hours and minutes per day
 7 7 7 Don't know/Not sure
 9 9 9 Refused

Module 12: Weight Control

The next few questions are about weight control.

1. Are you now trying to lose weight? (311)

1 Yes **Go to Q3**
 2 No
 7 Don't know/Not sure
 9 Refused

2. Are you now trying to maintain your current weight, that is to keep from gaining weight? (312)

1 Yes
 2 No **Go to Q6**
 7 Don't know/Not sure **Go to Q6**
 9 Refused **Go to Q6**

3. Are you eating either fewer calories or less fat to... (313)

lose weight? [if "Yes" on Q1]

keep from gaining weight? [if "Yes" on Q2]

**Probe
for
which**

1 Yes, fewer calories
 2 Yes, less fat
 3 Yes, fewer calories and less fat
 4 No
 7 Don't know/Not sure
 9 Refused

4. Are you using physical activity or exercise to... (314)

lose weight? [if "Yes" on Q1]

keep from gaining weight? [if "Yes" on Q2]

1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

5. How much would you like to weigh? (315-317)

___ ___ Weight
 pounds
 7 7 7 Don't know/Not sure
 9 9 9 Refused

6. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?
(318)

**Probe
for
which**

- | | |
|---|------------------------------|
| 1 | Yes, lose weight |
| 2 | Yes, gain weight |
| 3 | Yes, maintain current weight |
| 4 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

Module 14: Tobacco Indicators

If "yes" to core Q9.1, continue. Otherwise, go to Q6

Previously you said you have smoked cigarettes.

1. How old were you the first time you smoked a cigarette, even one or two puffs? (326-327)

—	—	Code age in years
7	7	Don't know/Not sure
9	9	Refused

2. How old were you when you first started smoking cigarettes regularly? (328-329)

—	—	Code age in years
8	8	Never smoked regularly Go to Q6
7	7	Don't know/Not sure
9	9	Refused

If "refused to core Q9.2, go to Q6

If "not at all" to core Q9.2, continue. Otherwise, go to Q4.

3. About how long has it been since you last smoked cigarettes regularly? (330-331)

Read Only if Necessary

0	1	Within the past month (anytime less than 1 month ago) Continue to Q4
0	2	Within the past 3 months (1 month but less than 3 months ago) Continue to Q4
0	3	Within the past 6 months (3 months but less than 6 months ago) Continue to Q4
0	4	Within the past year (6 months but less than 1 year ago) Continue to Q4
0	5	Within the past 5 years (1 year but less than 5 years ago) Go to Q6
0	6	Within the past 10 years (5 years but less than 10 years ago) Go to Q6
0	7	10 or more years ago Go to Q6
7	7	Don't know/Not sure Go to Q6
9	9	Refused Go to Q6

4. In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (332)

1 Yes
 2 No **Go to Q6**
 7 Don't know/Not sure **Go to Q6**
 9 Refused **Go to Q6**

5. In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking? (333)

1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

6. Which statement best describes the rules about smoking inside your home? (334)

Please Read

1 Smoking is not allowed anywhere inside your home
 2 Smoking is allowed in some places or at some times
 3 Smoking is allowed anywhere inside the home
 or
 4 There are no rules about smoking inside the home

Do not read

7 Don't know/Not sure
 9 Refused

<p>If "employed" or "self-employed" to core Q12.8, continue. Otherwise, go to next module.</p>

7. While working at your job, are you indoors most of the time? (335)

1 Yes
 2 No **Go to Next Module**
 7 Don't Know/Not Sure **Go to Next Module**
 9 Refused **Go to Next Module**

8. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (336)

Please Read

**For workers who
visit clients, "place
of work" means
their base location**

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas
- or
- 4 No official policy

Do not read

- 7 Don't know/Not sure
- 9 Refused

9. Which of the following best describes your place of work's official smoking policy for work areas? (337)

Please Read

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas
- or
- 4 No official policy

Do not read

- 7 Don't know/Not sure
- 9 Refused

State Added 1: Doctor Costs

1. Was there a time during the past 12 months when you needed to see a doctor, but could not see because of the cost?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

State Added 2:Flu Shot

1.Did you receive a flu shot this year between January and May?

- 1 Yes-Skip to Q.3
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

ASK THE FOLLOWING QUESTION ONLY IF ANSWER TO Q.1=1 OR Q.1=2
ANSND 9/1/02<= DATE

2. Did you receive a flu shot last fall, or winter? (During Sep-Dec of 2001)

- 1 Yes-Skip to Q.3
- 2 No
- 7 Don't know/Not Sure
- 8 Refused

ASK THE FOLLOWING QUESTION IF ANSWER TO Q.1 OR Q.2 =2

3.What is the main reason you didn't get a flu shot during the past 12 months?

- 11 Didn't know I needed it
- 12 Doctor didn't recommend it
- 13 Didn't think of it/forgot /Missed it
- 14 Tried to get a flu shot but no flu shots were available
- 15 Tried to get a flu shot but my doctor told I didn't need it
- 16 Tried to get a flu shot but my doctor said he was not going to offer this year
- 17 Didn't think it would work
- 18 Don't need a flu shot/not at risk/flu not serious
- 19 Shot could give me the flu /allergic reaction/other health problem
- 20 Doctor recommended against getting the shot/allergic to shot
- 21 Don't like shots/needles/don't want it
- 22 Other
- 77 Don't know /Not sure
- 99 Refused

4.have you ever had the Chicken Pox?

- 1. Yes
- 2. No
- 7 Don't know /Not Sure
- 9 Refused

State Added 3: Oral Health

1. have you ever had a testy or examination for oral or mouth Cancer in which the Doctor or dentist pulls on your tongue, sometimes which gauze wrapped around it, and feels under the tongue and inside the cheeks?

- 1 I think so
- 2 Yes
- 3 No-Skip to Q.4
- 7 Don't know/Not Sure-Skip to Q.4
- 9 Refused-Skip to Q.4

ASK THE FOLLOWING QUESTIONS ONLY IF ANSWER TO Q.1<3

2. When did you have your most recent oral or Mouth cancer exam?

- 1 Within the past year
- 2 Between 1 and 3 years ago
- 3 Over 3 years ago
- 7 Don't know/Not sure
- 9 Refused

3. Who, that is what type of medical care person, examined you when you had your last checkup for oral cancer?

- 1 Doctor/Physician
- 2 Nurse/Nurse Practitioner
- 3 Dentist
- 4 Dental Hygienist
- 5 Other
- 7 Don't know/Not Sure
- 9 Refused

4. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- 1 Yes
- 2 No-Skip to next module
- 7 Don't know/Not Sure -Skip to next module
- 9 Refused -Skip to next module

ASK THE FOLLOWING QUESTION ONLY IF ANSWER TO Q.4=1

5.Do you currently use chewing tobacco or snuff every day, some days or not at all?

- | | |
|---|---------------------|
| 1 | Every day |
| 2 | Some Days |
| 3 | Not at all |
| 7 | Don't know/Not Sure |
| 9 | Refused |

State Added 4: Seniors

1.Sometimes people provide care or assistance to others who are elderly, ill or disabled. During the past 30 days, did you provide any type of care or assistance to a friend or relative who is 60 years or older?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

ASK THE FOLLOWING QUESTIONS IF AGE > 59

2.Are you aware of a senior center in your community?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

3.Have you ever participated in any activities provided by this senior center?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

4.During the past 60 days how often did you have difficulty arranging for transportation to get to places you want or need to go?

- 1 Almost always
- 2 Sometimes
- 3 Rarely
- 4 Never
- 7 Don't know/Not Sure
- 9 Refused

5.Are you limited in any activities because of physical, mental, memory or emotional problems?

- 1 Yes
- 2 No-**SKIP TO CLOSING STATEMENT**
- 7 Don't know/Not sure-**SKIP TO CLOSING**
- 9 Refused-**SKIP TO CLOSING STATEMENT**

ASK THE FOLLOWING QUESTION IF ANSWER TO Q.5=1

6. Because of any impairment or health problem, do you need someone to help with your PERSONAL CARE needs, such as eating, bathing, dressing or getting around the house?

- 1 Yes
- 2 No-Skip to Q.8
- 7 Don't know/Not Sure-Skip to Q.8
- 9 Refused-Skip to Q.8

ASK THE FOLLOWING QUESTION ONLY IF ANSWER TO Q.6=1

7. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house?

INTERVIEWER: READ ONLY IF NECESSARY

- 11 Husband/Wife/partner
- 12 Son/Son-in-law/Daughter/Daughter-in-law
- 13 Parent
- 14 Other relative
- 15 Unpaid volunteer
- 16 Paid employee or home health service
- 17 Friend or Neighbor
- 18 Combination of family and/or friends and/or paid help
- 19 Other

- 77 Don't know/Not Sure
- 88 No one helps me
- 99 Refused

ASK THE FOLLOWING QUESTION ONLY IF ANSWER TO Q.5=1

8. Because of any impairment or health problem, do you need someone to help in handling your ROUTINE needs, such as everyday household chores, shopping or getting around for other purposes?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused